

Certification Board for Alcohol and Drug Professionals (CBADP)

3101 West 41st Street, Suite 205, Sioux Falls, SD 57105

Phone: 605-332-2645

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Web: www.dhs.sd.gov/brd/CBADP



**APPLICATION FOR BACHELOR'S LEVEL COUNSELOR TRAINEE RECOGNITION
OR BACHELOR'S LEVEL COUNSELOR TRAINEE RENEWAL**

INITIAL BACHELOR'S LEVEL COUNSELOR TRAINEE RECOGNITION: College transcripts showing evidence of a bachelor's degree must be submitted with your initial trainee recognition application. Fees are prorated from the month of the application to the last day of the month of your birth, at a rate of \$12.50 per month. Please calculate the fees beginning the month of application to the end of the month of your birth. Example: If an individual applies for trainee recognition in June and has a birth month of December, the payment would be \$87.50 (\$12.50 x 7).

BACHELOR'S LEVEL COUNSELOR TRAINEE RENEWAL: After the initial recognition period, Trainees will renew their recognition annually in their birth month. The annual renewal fee is \$100.00 and becomes due on the last day of your birth month. You will be sent an invoice and renewal application the month prior to your renewal date. If the application and fees are not postmarked by the last day of the month of your birth, you will be assessed a \$50.00 late fee. You will then be given a 30-day grace period. If you do not renew by the last day of the month following your birth month, your trainee status will lapse. You will then be required to re-apply for trainee recognition status.

FOR TRAINEE STATUS: Complete the attached application in its entirety and return it with the required fee (see above) to: CBADP, 3101 West 41st Street, Suite 205, Sioux Falls, SD 57105. Counselor Trainees must be supervised by a qualified addiction professional (CCDC II or CCDC III) throughout the entire recognition period. The supervisor cannot be a relative of the trainee. Trainees who continue to work without trainee status will be reported to the Ethics Committee. Therefore, it is imperative you renew your trainee status prior to the expiration date on your certificate.

Applicants must have a minimum of a Bachelor's degree with a Human Services/Relations emphasis from an accredited college or university. At the time of application applicants must also document course work for a minimum of three (3) semester hours in one of the following specialized education subject areas: Interviewing, Intervention, Counseling, or Service delivery to consumers. Within one year of achieving bachelor's level trainee recognition status, Trainees must successfully complete a three (3) semester hour substance abuse specific course in ethics and standards of practice. If not completed, recognition status will not be renewed.

Trainee Recognition status will be granted for ten (10) testing cycles, or approximately five (5) years. Trainees must meet all requirements for a minimum of CCDC I certification by the end of their recognition period and at the time of application for certification.

Trainees will need to submit twenty (20) hours of continuing education every two (2) years. **This means you will have to begin obtaining continuing education at a rate of ten (10) hours per year.** Beginning July 1, 2010, the CBADP will be accepting continuing education only in the month of your birth. Please refer to the standards manual and check with your supervisor for guidance on continuing education procedures and approval.

Trainees completing work experience in agencies other than those accredited or recognized by the Division of Alcohol and Drug Abuse must submit documents including the agency brochure, statement of philosophy, and/or mission which will provide documentation of acceptable work experience.

If for any reason your supervision or work experience ends or is interrupted, please contact the CBADP Administrative Office to place your Trainee Recognition on inactive status. This will prevent your time from running out prior to the completion of all academic and experience requirements. Trainee Recognition can be reactivated at any time by completing a Trainee Renewal Application and paying the appropriate fees.

The CBADP is required to comply with SDCL 25-7A-56 which is a prohibition against the issuance of professional license, registration, certification, or permit of application in the event of child support arrearage. Applicants listed on the State Registry will not be granted Trainee Recognition, Certification or Recertification until arrangements have been made with the Department of Social Services, Office of Child Support Enforcement and the individual's name is cleared via monthly written reports from that office.

If you have any questions or need additional information, please feel free to contact the CBADP Administrative office.

Application for Bachelor's Level Trainee Status

A check or money order must accompany this application.

CHECK ONE:

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Application for initial **Bachelor's Level Trainee Recognition**

(Enclose your college transcripts showing evidence of a bachelor's degree.)

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Application for **Bachelor's Level Trainee Renewal**

PERSONAL DATA:

Name: _____
First Middle Last Maiden

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Work Fax: _____

Email: _____

Social Security #: _____ Birth Date: _____

CURRENT EMPLOYMENT:

Agency Name: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Name of CCDC Supervisor: _____

STATISTICAL INFORMATION: (This information is used for statistical purposes only.)

Gender:

_____ Female

_____ Male

Ethnicity:

_____ African American

_____ American Indian

_____ Asian/Pacific Islander

_____ Caucasian

_____ Hispanic/Latino

_____ Other: _____

Educational/Academic Data

High School Attended: _____

Date of Graduation: _____

GED: _____ Date: _____

Where Issued: _____

COLLEGE/UNIVERSITY:

Name	Location	Enrolled From	Enrolled To	Degree(s) Earned

SPECIALIZED EDUCATION DOCUMENTATION:

List all completed specialized educational courses. All courses must equal 3 or more semester credits and earn a "C" grade or higher.

Requirement	Name of College or University	Prefix - Course Number	Name of Course	Credit Hours	Term Taken	Grade
Example	FSU	HS 212	Study of Alcohol	3	Fall '95	B
Choose one: ___ Interviewing ___ Intervention ___ Counseling ___ Service Delivery						
Intro to Alcohol Use and Abuse						
Intro to Drug Use and Abuse						
Foundations of Individual Counseling						
Alcohol & Drug Group Counseling						
Alcohol & Drug Treatment Continuum						
Professional Ethics for the CD Counselor*						
Counseling Families with Alcohol or Other Drug Issues						
Cultural Competency OR Special Populations						
CD-Specific Elective						

*Within one year of achieving Bachelor's Level Trainee Recognition status, you must submit proof of completion of the Ethics requirement.

Professional Code of Ethics

The Professional Code of Ethics applies equally to all Certified Chemical Dependency Counselors, Certified Prevention Specialists, Trainees, Interns, and individuals in the process of applying for certification. The Certification Board for Alcohol and Drug Professionals (CBADP) believes that all people have rights and responsibilities through every stage of human development. The goal of the CBADP is for addiction professionals to treat everyone with the dignity, honor, and reverence that is fitting to them.

The Professional Code of Ethical Conduct entitles human beings to the physical, social, psychological, spiritual, and emotional care necessary to meet their individual needs. All Certified Professionals, Trainees, and Interns have a responsibility to adhere to the following guiding principles:

1. That I have a total commitment to provide the highest quality of care for those people who seek my professional services.
2. That I will dedicate myself to the best interests of clients and assist them to help themselves.
3. That at all time, I shall maintain a professional relationship with clients.
4. That I will be willing, when I recognize that it is in the best interest of the client, to release or refer them to another program or professional.
5. That I shall adhere to the laws of confidentiality and professional responsibility of all records, materials, and knowledge concerning clients.
6. That I shall not in any way discriminate against clients or other professionals.
7. That I shall respect the rights and views of other professionals and clients.
8. That I shall maintain respect for institutional policies and management functions within agencies and institutions, but I will take the initiative toward improving such policies if it will best serve the interest of clients.
9. That I have a commitment to assess my own personal strengths, limitations, biases, and effectiveness on a continuing basis; that I shall continuously strive for self-improvement and professional growth through further education and/or training.
10. That I have a responsibility for appropriate behavior in all areas of my professional and private life, and to provide a positive role model especially in regard to the personal use of alcohol and other drugs.
11. That I have a responsibility to myself, my clients, and other associates to maintain my physical and mental health.
12. That I respect the client's right to worship or not, according to their conscience and beliefs, and that I will not impose my own beliefs, values, or standards upon them.
13. That I have a professional responsibility to understand and appreciate different cultures for persons whom are or may be in my care or are recipients of my professional services. I will demonstrate sensitivity to cultural differences in my professional practices.
14. That I have a regard for an individual's needs and rights to equal protection and due process under the laws of the State of South Dakota.

Private conduct is a personal matter, except when such conduct compromises the fulfillment of professional responsibilities or may endanger the health or safety of clients who are or may be under my care. As a professional, I have a responsibility to report, whether obvious or perceived, any ethical violations or concerns related to my peers.

I understand and subscribe to the preceding professional code of ethics and understand that any violation of the principles will be grounds for disciplinary action and sanctions.

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By checking this box, I hereby attest that I have read and will comply with the 2004 Codes of Ethics and Standards of Practice of the Certification Board for Alcohol and Drug Professionals.

The Codes of Ethics can be viewed and/or printed at: www.dhs.sd.gov/brd/CBADP. Applicants who have not read the Codes of Ethics and have not checked the box above will not be granted recognition by the CBADP.

Signature of Trainee

Date

Authorizations and Releases

I hereby attest that I have not been convicted of, plead guilty, or no contest, to any felony, or to any crime involving moral turpitude, or like offense within the past five years.

I hereby understand that being convicted of, or pleading guilty, or no contest, before a court in this state or any other state, or before any federal court for any offense punishable as a felony, or like sanction, will be grounds for denial of, or revocation of certification, recertification, or trainee recognition.

I hereby understand that if I have had a felony conviction, and/or pled guilty, or no contest, or received a suspended imposition of sentence, it must have been at least five (5) years prior to the date of application for trainee recognition, student internship status, certification or recertification. I also understand that all sentencing requirements must be completed or satisfied prior to the date of application for any of the above.

I confirm that I have not been denied certification or licensure or had any disciplinary sanctions against me from this or any other certifying or licensing authority in this or any other state. If I have been denied or had disciplinary action, I have notified the Certification Board for Alcohol and Drug Professionals (CBADP) in writing of this action.

I hereby authorize the CBADP to release to any agency, facility, organization, or individual any and all information necessary for verification of credentials.

I hereby authorize any agency, facility, organization, or individual to release any and all information necessary to fully and properly evaluate my application before the CBADP. The CBADP reserves the right to request further information or documentation to evaluate the application and/or professional competence of individuals.

I hereby release and hold harmless the CBADP, its Board of Directors, its officers, its employees, and any agency, facility, organization, or individual from any and all manner of suits, actions, claims, and judgments which might arise from such efforts to further substantiate and document my application.

I hereby understand that the CBADP can deny or revoke certification, trainee recognition, or student internship status on the basis of misrepresentation on my application, or any other application, to include intentionally false or misleading statements or intentional omissions. I understand that I will be barred from applying for certification or recertification for not less than two (2) years if it is proven that I have misrepresented the facts on any aspect of my application, or any other application, for trainee recognition, student internship status, certification or recertification.

I hereby certify that the information contained herein is correct and true, and that I understand the application and these authorizations and releases.

On the line below, please print your name the way you would like it to appear on your certificate:

Signature of Trainee

Date

Supervision Data

**The Clinical Supervisor must complete this page and the
'Clinical Supervisor Code of Ethics' page.
The Supervisor must be at the level of CCDC II or CCDC III.**

PERSONAL DATA:

Name: _____
First Middle Last Maiden

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Work Fax: _____

Email: _____

CURRENT EMPLOYMENT:

Agency Name: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

CERTIFICATION(S):

CCDC Level: _____ Certificate Number: _____

CPS: _____ Certificate Number: _____

EDUCATION/EXPERIENCE:

Educational Level: _____

Years of Experience in the field: _____

Years of Experience in Clinical Supervision: _____

Clinical Supervisor Code of Ethics

Clinical Supervision is the process of upholding the ethical standards of the profession and ensuring the professional development of those in training. Clinical Supervisors shall be the professional agent assuming the responsibility for overseeing the processes of ethical development and clinical practice.

Clinical Supervisors shall uphold the Professional Code of Ethics for Addiction Professionals in addition to this Clinical Supervisor Code of Ethics. Clinical supervision embraces a potential ethical vulnerability; therefore, clinical supervisors shall recognize their influence on the development of human behavior and those under their supervision. They shall be aware of ethical and legal ramifications of the supervision process. Clinical Supervisors shall be responsible for self-evaluation and be accountable to professional review as is consistent within the current scope of addiction services and standards.

The Clinical Supervisor Professional Code of Ethical Conduct is derived from the above ethical principals and is designed to help ensure that Counselor Trainees receive the supervision necessary for professional development. Clinical Supervisors have a responsibility to adhere to the following professional code:

1. That I have a commitment to provide the highest quality of clinical supervision to advance the welfare of the trainees and their clients. I shall respect the rights of those persons seeking supervision and make reasonable efforts to ensure that my services are used appropriately.
2. That I shall maintain professional relationships and not exploit the trust and dependency of Trainees and colleagues. I shall not enter into dual relationships that result in ethical compromise or conflict of interest.
3. That I shall be willing, when it is in the best interest of the Trainee, to release or refer them to another program or supervisor.
4. That I shall protect the unique confidentiality concerns, abide by 42 CFR 2, and state laws, within the parameters of supervision.
5. That I shall respect and guard confidences of trainees and restrict disclosure of information for professional purposes with regard for agency personnel policies and existing laws and regulations.
6. That I shall maintain those records necessary to provide an accurate assessment of the trainee's abilities and training needs and to record that supervision has been provided in accordance with the CBADP policies and procedures, and the administrative rules and laws of South Dakota. I shall limit my supervisory documentation or verification of information to that which was completed under my direct supervision.
7. That I shall alert the appropriate individuals and authorities to conditions that may be disruptive or damaging.
8. That I shall respect the dignity and protect the rights and welfare of participants in research. I shall maintain the federal and state laws and regulations, and professional standards governing the conduct of research.
9. That I shall disclose financial arrangements and any fee structure to trainees and agencies in such a way as to be reasonably understandable and in conformance with accepted professional practices.
10. That I shall accurately represent my professional education, training, and qualifications to trainees and agencies to enable an informed selection of professional services.
11. That I shall have a commitment to maintain a professional level of knowledge and competence through ongoing education and training in clinical supervision.

I affirm, understand, and will adhere to the preceding professional code of ethics and understand that any violation of the principles will be grounds for disciplinary action and sanctions in accordance with CBADP policies and procedures as outlined in the Standards Manual and the laws of the State of South Dakota. I understand that ethical violations can result in disciplinary actions and sanctions prohibiting any further clinical supervision of Trainees recognized by the CBADP and/or my certification as a Certified Chemical Dependency Counselor.

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By checking this box, I hereby attest that I have read and will comply with the 2004 Codes of Ethics and Standards of Practice of the Certification Board for Alcohol and Drug Professionals.

The Codes of Ethics can be viewed and/or printed at: www.dhs.sd.gov/brd/CBADP. This application will not be processed if you fail to read the Codes of Ethics and check the box above.

Signature of Supervisor

Date